

Proposed Demo Site Information - USEPA Arsenic Demonstration Project

State: _____ State contact person: _____ Telephone No. _____

Mailing address _____ e-mail address: _____

Utility Information

Location	City/Town: _____	Address: _____
Contact person	Name: _____	Tel No. _____ E-mail _____

Utility Water Supply System Information (Classification: ____ CWS ____ NTNCWS)

Total Population served: _____	Source water: ____ GW ____ SW ____ Mixed
Total System Capacity: _____ gal/day	No. of system entry points: _____
Avg Daily Production: _____ gal/day	No. of entry points that exceed the As MCL: _____

Demo Site Information (Specific site)

Name of site: _____	Source Water: ____ GW ____ SW ____ Other
Address: _____	Max flow rate (well): _____ gal/ min Average daily flow: _____ gal/ day
Enclosed building space available for new treatment system? ____ Yes ____ No	If yes, amount of available space for new system within existing building: _____ sq ft
List <u>all</u> existing treatment steps in order: (Cl ₂ , IX softening, etc): Source Water: _____ _____ _____ _____ _____ _____ _____	Identify available residual disposal options at site: (Sewer, lagoon, storage tank, etc.) _____ _____ _____ System operators: Number: _____ Full time _____ Part time _____

Water Quality Information (Demo site source water)

Analysis	Source water (Raw)			Distributed Water			Analyses	
Analysis - mg/L	Max	Min	Avg	Max	Min	Avg	Number	Last Date
Total Arsenic (As)								
As III								
As V								
Iron (Fe)								
Manganese (Mn)								
Calcium (Ca)								
Magnesium (Mg)								
Hardness as CaCO ₃								
Sodium (Na)								
Silica (SiO ₂)								
Phosphate (PO ₄ -P)								
Sulfate (SO ₄)								
Chloride (Cl)								
pH - Units								
Total alkalinity as CaCO ₃								
Total organic Carbon (TOC)								

Please attach available analytical data and any literature regarding existing treatment system.

Does the source water exceed any other contaminant MCL besides arsenic: ___ Yes ___ No

If yes, please list the contaminant and concentration.

MCL _____ Concentration _____ /L

MCL _____ Concentration _____ /L

MCL _____ Concentration _____ /L